

**DIVISION OF LOCAL GOVERNMENT SERVICES  
NOTIFICATION FORM FOR REPEAT PARTICIPANTS  
CERTIFIED MUNICIPAL FINANCE OFFICER EXAMINATION**

If you are a repeat participant for the Certified Municipal Finance Officer Examination, please complete the information below and return to:

Division of Local Government Services  
P.O. Box 803  
Trenton, New Jersey 08625-0803  
Attn: Certification Unit

This form is to be accompanied by a check or money order in the amount of \$50 made payable to the "State Treasurer." The fee is not refundable. The form may also be telefaxed to the attention of the Certification Unit at (609) 633-6243 (if telefaxing, please mail the check or money order separately). If you have any questions in regard to completion of this form, please contact Phyl Delozier at (609) 633-6349. **THIS FORM MUST BE MAILED OR TELEFAXED 30 DAYS PRIOR TO THE DATE OF THE EXAMINATION FOR WHICH YOU ARE APPLYING.**

I previously participated in the Certified Municipal Finance Officer Examination. My approved application is on file with the Division of Local Government Services. I wish to participate in the following section(s) of the Examination to be offered on: \_\_\_\_\_  
(date of examination)

Part I (morning) Practical/Accounting \_\_\_\_\_

Part II (afternoon) Theory \_\_\_\_\_

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(please print)

\_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

Home Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_